



# New Hire / Rehire Packet



# **New Hire / Rehire Packet Instructions**

This power point gives you a brief explanation of what the forms or documents in the New Hire / Rehire Packet are for, a link to the form or document, and instructions for completing the forms.

Certain forms should be sent to HR within the first week of your employment. You can either fax the forms or send them through regular or ID mail (please note that if you fax the forms you will need to send the originals with the rest of your hire packet). There will be a notation on the Hire Packet Checklist as well as the power point page of those forms that need to be sent in during your first week.

The rest of your Hire Packet may be sent to your HR transactions person anytime during your first pay period of employment by either regular or ID mail.



# HR Transactions Staff Contact Information

If you have any questions please contact your HR Transactions person.

**Address:** 611 W. Ottawa, Lansing, MI 48933

**Fax:** (517) 373-6526

## **Darlene Marciniak**

(517) 373-1596

Communications  
Community & Health Systems  
Director's Office  
Employment Relations/Wage & Hour  
Finance  
Fire Services  
Policy & Legislation  
Serv. for Blind Persons  
Worker's Compensation

## **Amy Stout**

(517) 241-0195

Construction Codes  
Corps. Sec. & Commercial Lic.  
Dept. Insurance & Financial Serv. (DIFS)  
Liquor Control Comm.  
MAHS  
Mich Agency for Energy  
MIOSHA  
Professional Licensing  
PSC



# New Hire / Rehire Packet Checklist

To print this form, click the following link: [New Hire / Rehire Checklist](#).

Verify that you have accessed or printed out the items on the list by putting a check mark in the box.

Print or Type your full name.

Sign and date.

*Return to the HR office during first pay period.*



# Report for Work Notice

This form provides the Office of Human Resources with your personal information.

To print this form, click the following link: [Report for Work Notice](#).

Enter your full (legal) name, social security number, birth date, and other requested information.

If previously employed by the State of Michigan, specifying the prior department.

Provide emergency contact information. Keep this information updated via your HRMN Self Service account.

An additional address may be indicated on the bottom of the form. This address would be used to determine your federal, state and city taxes.

Sign and date.

***Return this form to HR during your first week of employment.***



# Federal Tax Form

This form designates your personal information and exemptions for your federal tax withholding.

To print this form, click the following link: [Federal Tax Form](#).

Enter your information into boxes 1, 2, & 4.

In box 3 indicate your marital status (single, married, or married but withholding at the hire single rate).

Put the number of exemptions you will be claiming Box 5.

If you would like an additional amount withheld from your paycheck please indicate a dollar amount in Box 6.

See Box 7 if you are subject to an exemption of withholding taxes.

For more information visit [www.irs.gov](http://www.irs.gov).

Sign and date.

***Return this form to HR during your first week of employment.***



# State Tax Form

This form designates your personal information and exemptions for your state tax withholding.

To print this form, click the following link: [State Tax Form](#).

Enter your information into boxes 1-5.

Enter the number of exemptions you would like to claim in box 6.

If you would like an additional amount withheld from your paycheck please indicate a dollar amount on line 7.

See line 8 if you are subject to an exemption of withholding taxes.

For more information visit [www.michigan.gov/treasury](http://www.michigan.gov/treasury).

Sign and date.

***Return this form to HR during your first week of employment.***



# City Tax Form(s)

This form designates your personal information and exemptions for any applicable city tax withholding.

To print applicable tax forms, click the following link: [City Tax Form\(s\)](#).

The link first takes you to a table showing all the cities that require tax withholding; select the appropriate city you work and/or live in to access that City's tax form.

Complete the required information and indicate whether you are a resident or non-resident of the city.

If you live in a different taxing city than you work in, you may be required to pay taxes for each city.

For more information visit the specific city's website.

Sign and date.

***Return this form to HR during your first week of employment.***





# Department of Homeland Security

## Employment Eligibility Verification Form (I-9)

This form verifies your employment eligibility.

To print this form, click the following link: [Employment Eligibility Form](#).

You, the employee, completes Section 1 of the form.

You must provide your employer with one item from List A OR one item from List B AND one item from List C on page 2 of the form.

Your supervisor or manager must complete and sign Section 2 of the form after reviewing the documents you submit to them for accuracy.

***Return this form to HR during your first week of employment.***



# **Copy of Social Security Card**

Please send a copy of your social security card. HR needs this copy in order to put new employees on the payroll system.



# DCDS Security Request

This form is to set up your username and password for computer access to the State's timekeeping system (DCDS). Have your supervisor assist you in completing this form.

To print this form, click the following link: [DCDS Security Request form](#).

Check "New User".

User Information: Enter your full name, Employee ID #, work phone, e-mail address, Agency #, and TKU #.

Immediate Supervisor: Enter name of supervisor and supervisors TKU.

As a new hire you will check: "Add Role" for Employee Entry.

Both you and your supervisor need to sign and date the form.

***Return this form to HR during your first week of employment.***



# The 401k Retirement Plan for State of Michigan Employees

Newly hired, rehired state retirees, or rehired prior plan members are automatically enrolled in the Defined Contribution Retirement Plan which is managed by VOYA. A USERID and PIN number, which will allow you to access your retirement account, will be mailed to your home address by VOYA (the administrator of the plan).

New employees must view the [New Employee Orientation](#) presentation within the first weeks of employment. Please be sure to listen to the presenter, as information is provided beyond that contained in the slides.

We recommend that you also review the information provided in the [State of Michigan 401\(k\) and 457 Plans Highlights](#) link. You can also visit the [ORS](#) and [VOYA](#) websites for additional information.



# Oath of Office

This form swears your oath to the U.S. Constitution as well as the State of Michigan Constitution. The State of Michigan Constitution can be viewed on the [Civil Service Commission website](#).

To print this form, click the following link: [Oath of Office form](#).

Enter your full name.

Sign and date.

*Return to the HR office during first pay period.*



# Health Insurance Marketplace Coverage

Under the federal health care reform law, the State of Michigan must provide a notice about the new health insurance marketplace to its employees. The [Health Insurance Marketplace Notice](#) provides required information under federal law on:

- the existence of, services provided by, and contact information for the Marketplace
- the differences between the Marketplace and employer-offered coverage
- the effects of purchasing a health plan through the Marketplace

Some individuals who do not have access to affordable, minimum value health care coverage through their employer may be eligible for federal subsidies to make buying insurance through the Marketplace more affordable. The level of federal government subsidies these individuals would be eligible for depends on household income.

**Because the State of Michigan offers health care coverage that meets the government's standards for minimum value and affordability, you will not qualify for a federal subsidy if you are eligible for the State of Michigan's benefits. As such, you will likely find more affordable coverage through our health plans, or if available, through a family member's employer plan.**

If you are not eligible for the State of Michigan's benefits, you should consider other available options, such as coverage through a family member's plan, Medicaid, Medicare, or the Marketplace.



# Final Compensation Beneficiary Designation

This form designates who will receive your last payroll check (which could include pay for your last pay period worked, payoffs for annual leave, sick leave, and/or initial leave) in the event of your death.

To print this form, click the following link:

[Final Compensation Beneficiary Designation form.](#)

Enter your name, ID number (if known) and current department/agency.

List the name, social security number, relationship to you, address and birth date of your primary beneficiary.

You may choose a secondary beneficiary by complete their information under the secondary beneficiary category.

You may only list one primary and one secondary unless you are listing children. And you may list all of your children.

Sign and Date.

*Return to the HR office during first pay period.*

**Note:** You may enter and keep your beneficiaries updated in your MI HR Self-Service account.



# Life Insurance and Accidental Duty Death Beneficiary Designation

As a State Employee, you are eligible for two times your annual salary (rounded to the next \$1,000) up to a maximum of \$200,000 or a Reduced Life policy equal to one year's salary with a maximum of \$50,000. You also have a \$100,000 Accidental Duty Death rider should your death result from accidental personal injuries arising out of or in the course of state service.

To print this form, click the following link:

[Life Insurance & Accidental Duty Death Beneficiary form.](#)

Complete your personal data at the top of the form.

There is a section for a beneficiary for both the Life Insurance and Accidental Duty Death Insurance. You most likely will have the same beneficiary for both sections.

You may designate a contingent beneficiary.

Sign and date

*Return to the HR office during first pay period.*

*Note:* You may enter and keep your beneficiaries updated in your MI HR Self-Service account.





# **Civil Service Commission Rules**

## **Sections 1-3, 1-14, & 2-8**

These rules cover information concerning patents and inventions, copyrights and disclosures concerning employees while working for the State.

You are responsible for reviewing the information contained in this document.

To print these rules, click the following link:

[Civil Service Commission Rules: Sections 1-3, 1-14, & 2-8.](#)



# State Board of Ethics Act

This informational document explains the State Ethics Act and prescribes standards of conduct for public officers and employees.

You are responsible for the information contained in this document.

To print this document, click the following link:

[State Board of Ethics Act.](#)



# Ethical Standards and Conduct Policy

These are the principles that LARA has adopted for achieving its goal of ensuring an atmosphere of ethical behavior.

You are responsible for the information contained in this policy.

To print this policy, click the following link: [Ethical Standards and Conduct Policy](#).



# Disclosure of Interest

To print this form, click the following link: [Disclosure of Interest](#).

Complete Section A & Section B if no Disclosure; Complete Section A & Section C if there is a Disclosure

Section A (must be completed): Enter pertinent information such as name, bureau, etc. and designation of position responsibilities (if applicable).

Section B: Disclaimer that you have no personal or financial interests, sign and date.

Section C: Complete this section if you have something to disclose otherwise leave blank. Enter Nature of Interest (if any). How and when was interest acquired (if any). Amount or Extent of Interest (if any). Sign and date and have supervisor review.

*Return to the HR office during first pay period.*



# Civil Service Rulebook Internet Address

The following link takes you to the Civil Service Rules: [Civil Service Rules](#)

You should save this address to your favorites, bookmark it, or save it on your hard drive for future reference.

You are responsible for reviewing the rulebook and familiarizing yourself with the information contained in and/or linked to in the rulebook and for abiding by those rules that apply to you. If you are unable to open or access any part of the rulebook or policies electronically, notify your supervisor for assistance.



# Receipt of Civil Service Rulebook

This receipt verifies that you were given the web address for the Civil Service Rules and that you are aware that you are responsible for reviewing the rulebook and familiarizing yourself with the information contained in and/or linked to in the rulebook and for abiding by those rules that apply to you.

To print this form, click the following link:  
[Civil Service Rulebook Receipt](#).

Enter full name.

Employee ID number (if available).

Sign and date.

*Return to the HR office during first pay period.*



# LARA Employee Handbook and Department Policies

The following link takes you to the LARA Employee Handbook and Department Policies: [LARA Employee Handbook and Department Policies](#).

You should bookmark this link for future reference.

You are responsible for reviewing the handbook and department policies and familiarizing yourself with the information contained in and/or linked to in them. If you are unable to open or access any part of the handbook or policies electronically, notify your supervisor for assistance.



# LARA Employee Handbook and Department Policies Receipt

This form is to acknowledge that you have been given access to the LARA Employee Handbook and Department Policies and that you are aware that you are responsible for reviewing the handbook and department policies and familiarizing yourself with the information contained in and/or linked to in them.

To print this form, click the following link:

[LARA Employee Handbook and Policies Receipt.](#)

Sign and date.

*Return to the HR office during first pay period.*





# **Employee Rights & Responsibilities under the Family Medical Leave Act**

This document is from the U.S. Department of Labor. It summarizes the employee's rights and responsibilities under the Family Medical Leave Act.

[Employee Rights & Responsibilities under the Family Medical Leave Act](#)



# Direct Deposit Notice

All new employees hired on or after 10/1/2002 MUST have their paychecks direct deposited into at least one financial institution account. If you feel that you should be granted an exception to this rule, contact your HR office.



# Payroll Direct Deposit Authorization

This form designates where to deposit your payroll checks. We will set up the default account. You may add up to 4 additional accounts in your MI HR Self-Service account.

To print this form, click the following link:

[Payroll Direct Deposit Authorization.](#)

## Part 1 – Personal Information:

- Enter your name and employee number.

## Part 2 – Default Account:

- Check the box that states “Add this Direct Deposit”.
- Enter name of financial institution.
- Enter your account number.
- Enter routing number of your financial institution. (See page 2 of form on where to find that number).
- Indicate the account type (checking or savings).

## Part 7 – Authorization:

- Sign and date.
- Enter your work and home phone numbers.

*Return to the HR office during first pay period.*



# Motor Vehicle Driver Agreement

All State employees are required to sign this form so that it is on file in the event that they have to drive a State vehicle. By signing this form you:

Verify that you have a valid driver's license from your state of residency.

Agree to perform routine maintenance on a vehicle assigned to you.

Agree that you will identify and report all state motor vehicle damages and/or accidents.

Agree that you will obey all traffic rules and regulations while operating a state motor vehicle.

Agree that you will be responsible for all fees incurred due to parking and traffic violations.

Agree that you will notify the vehicle coordinator in your department of all traffic violation citations and convictions within 7 calendar days (does not include parking tickets).

Understand that smoking is not permitted in any state motor vehicle at any time by anyone.

Agree that you will not operate any state vehicle while using or under the influence of alcohol or illegal drugs.

Understand that the state motor vehicle is for official state business only.

Understand that you shall conduct yourself in a professional and safe manner at all times while operating a state motor vehicle.



# Motor Vehicle Driver Agreement, continued

To print this form, click the following link:

[Motor Vehicle Driver Agreement.](#)

Where it states “Driver is a:”, check the box that pertains to you.

At the bottom of the form enter your full name.

Sign and date.

Enter the Department name...Licensing and Regulatory Affairs

Enter your Bureau/Division.

Enter your Employee ID# (if available).

Enter your Driver’s License number and the state in which it was issued.

*Return to the HR office during first pay period.*



# Politics and the Classified State Employee

This is a policy that explains permitted and prohibited political activities as a State employee.

You are responsible for information contained in this document.

To print this document, click the following link:

[Politics and the Classified State Employee.](#)



# Whistleblower Protection

This is a Civil Service Rule that explains the protection of employees who disclose violations in the workplace.

To print this document, click the following link:

[Whistleblower Protection Rule](#).



# Prior Military Service Credit

This memo explains what needs to be done in order to get credit for prior active duty time towards annual leave accruals and longevity payments.

To print this memo, click the following link:

[Prior Military Service Credit Memo.](#)





# **Discriminatory Harassment Policy / Work Rule**

The State of Michigan and the Department of Licensing and Regulatory Affairs (LARA) firmly support the prevention and elimination of unlawful harassment in the employment environment. The department's harassment-reporting procedures provide notice to our employees of the necessary action they must take to address any violation of this policy.

You are responsible for information found in this policy / work rule.

To print this policy, click the following link:

[Discriminatory Harassment Policy / Work Rule.](#)



# Workplace Safety Policy / Work Rule

This policy informs employees, customers and the general public of the department's commitment to workplace safety.

You are responsible for information found in this policy / work rule.

To print this policy, click the following link: [Workplace Safety Policy / Work Rule](#).



# Discriminatory Harassment /Workplace Safety Policies and Work Rules Receipt

This form verifies that you received the Discriminatory Harassment and Workplace Safety Policies and Work Rules.

To print this form, click the following link:

[Discriminatory Harassment/Workplace Safety Policies/Work Rules Receipt.](#)

Print your name

Sign and Date.

*Return to the HR office during first pay period.*



# Work Rules and Acknowledgment of Work Rules

These work rules are effective 8/1/13. The purpose of work rules is to set standards of behavior that the Department expects of all employees. Violation of work rules may lead to corrective and/or disciplinary action, which may range from informal counseling (verbal) through discharge.

To print the work rules, click the following link: [Work Rules](#)

The receipt acknowledges that you received the Work Rules.

To print the acknowledgment receipt, click the following link:  
[Work Rules Acknowledgement of Receipt](#)



# Discriminatory Harassment E-Learning Course Instructions

The Department of Licensing and Regulatory Affairs requires **ALL** employees to complete the *Discriminatory Harassment in the Workplace* Training during orientation. This training will help employees to: identify discriminatory harassment behaviors, explain to them the reporting process, and provide ways to help stop the behavior. Additionally, managers will be advised of management's responsibilities regarding discriminatory harassment behaviors and how to handle investigations of discriminatory harassment complaints.

The e-learning/QuickKnowledge courses are available via the Civil Service Training and Development website. This site will allow you to access the training from any computer with internet access at your convenience. If you are unable to complete the entire course (approximately 35 minutes) in one session, you do have the option to stop and resume the review at another time. Click on the link below for instructions on how to access the courses.

[Discriminatory Harassment E-Learning Course Instructions](#)



# **Discriminatory Harassment E-Learning Course Certificate of Completion**

Print the “Certificate of Completion” at the end of the training module. Sign the certificate of completion under the date line.

Provide the printed and signed “Certificate of Completion” form to your HR liaison. The HR liaison will submit the forms to the office of Human Resources.



# Drug and Alcohol Testing Information

All Licensing and Regulatory Affairs (LARA) employees are required to review the on-line information regarding the state's Drug and Alcohol Testing Program. For instruction on accessing the online training courses and information, click the link below. **The Acknowledgement of Training form must be signed and turned into HR during first pay period.**

[Drug & Alcohol Testing Program for All Employees](#)



# LARA UAW Bumping Preference Card

If you are a LARA UAW Employee, you must complete this card to designate your bumping preference as outlined in Article 12, Section E of the Secondary Agreement between the UAW Local 6000 and LARA.

To print this form, click the following link: [LARA UAW Bumping Preference Card](#).

If you are not a LARA UAW Employee, mark n/a on the checklist.

*Return to the HR office during first pay period*





# Union Cards

If you accept a union-represented position, you have the option of becoming a dues-paying member of that union.

AFSCME – Contact your Bureau's Personnel Liaison for a card.

[MSEA](#)

[SEIU - Membership Card](#) (Scientific & Engineering, Technical, HSS)

[SEIU-HSS – Representation Fee Card](#) (in lieu of membership)

UAW – Contact the UAW at 517-484-6000 or 800-243-1985 for membership card/information.



**This has been a LARA OHR  
Presentation**

